

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

| Application Number | 10/796,905 | | | |
|------------------------|--|--|--|--|
| Filing Date | March 8, 2004 | | | |
| First Named Inventor | Bruce A. Edgar | | | |
| Title | METHODS FOR IDENTIFYING RHEB EFFECTORS AS LEAD COMPOUNDS FOR DRUG DEVELOPMENT FOR DIABETES AND DISEASES ASSOCIATED WITH ABNORMAL CELL GROWTH | | | |
| Art Unit | Unassigned | | | |
| Examiner Name | Unassigned | | | |
| Attorney Docket Number | 14538A-007510US | | | |

| I hereby appoint: | | | | | | | |
|--|-----------|-------|---------------------|-------------|-----|--|--|
| Practitioners associated with the Customer Number 20350 | | | | | | | |
| OR | | | | | | | |
| Practitioner(s) named below: | | | | | | | |
| | Name | | Registration Number | | | | |
| | | | | |] | | |
| | | | | | _ | | |
| | | | | | _ | | |
| | | | | | J | | |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. | | | | | | | |
| Please recognize or change the correspondence address for the above-identified application to: | | | | | | | |
| ☐ The address associated with the above-mentioned Customer Number: | | | | | | | |
| OR | | | | | | | |
| ☐ The address associated with Customer Number: | | | | | | | |
| OR | | | | | | | |
| Firm <i>or</i> Individual Name | | | | | | | |
| Address | | | | | | | |
| Address | | | | | | | |
| City | | State | | ZIP | | | |
| Country | | | | | | | |
| Telephone | | Fax | | | | | |
| I am the: | | | | | | | |
| Applicant/Inventor. | | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | |
| Name Spencer Lemons | | | | | | | |
| Signature Duru Jon | | | | | | | |
| Date | 8/16/2004 | | Telephone | (206) 667-4 | 304 | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | |
| □ *Total of forms are submitted. | | | | | | | |